THUASNE®

# Walking Boots

Rehabilitation Solutions

## Contact Information

☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: _____

Name: _____

Email: _____ Phone: _____

## Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: _____

Name: _____

Email: _____ Phone: _____

## Billing & Shipping

PO#:

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

## Shipping Preference

☐ Ground ☐ Next Day AM ☐ Next Day PM ☐ 2-Day AM ☐ 2-Day PM

*(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.*

## Patient Information

**Fit Date:** _____ **Patient ID:** _____

### Plastic Shell Walkers *(With Aluminum Uprights)*

☐ **EZG8** *(standard height)*

Size/Quantity: XS ____ S ____ M ____ L ____ XL ____

☐ **EZG8-MC** *(with shorter mid-calf struts)*

Size/Quantity: XS ____ S ____ M ____ L ____ XL ____

☐ **EZG8** *(with pneumatic bootie)*

Size/Quantity: XS ____ S ____ M ____ L ____ XL ____

☐ **EZG8-MC** *(with pneumatic bootie)*

Size/Quantity: XS ____ S ____ M ____ L ____ XL ____

### Plastic Full Shell Air Walker

☐ **XLR8 FH** *(Full height with dual pneumatic bladders)*

Size/Quantity: S ____ M ____ L ____ XL ____

☐ **XLR8 MC** *(Mid calf boot with dual pneumatic bladders)*

Size/Quantity: S ____ M ____ L ____ XL ____

### Townsend PediWalker (Children's Sizes)

☐ **TD PediWalker** *(with plastic shells and plastic strutss)*

Size/Quantity: S ____ M ____ L ____

## Please Indicate Accessories

☐ **EZG8 and XLR8 Wedge Kit*** *(universal size)*
*(angled heel wedge insert kit, for XLR8 and plastic shell walkers only)*

| Size | Men's Shoe Size | Women's Shoe Size | Children Shoe Size |
|---|---|---|---|
| XS | 2 – 4 | 3 ½ – 5 | |
| SM | 4 – 7 | 5 – 8 | 5 – 8 |
| MD | 7 – 10 | 8 – 11 | 8 – 13 |
| LG | 10 – 13 | 11 – 15 | 13 – 3 |
| XL | 13 – 16 | 15+ | |

*Indicates additional charges apply

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**Received Date** *Thuasne USA's shipping department use only*

**Distributed by Thuasne USA**
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